City of Burien, Washington



POSITION APPLIED FOR

15811 Ambaum Blvd SW, Suite C Burien, WA 98166

Phone (206) 241-4647 Fax (206) 248-5539

Employment Application The City of Burien is an Equal Opportunity Employer

Thank you for your interest in the contacted personally by the City		oyer. Only final car	ndidates for post	ed openings will be			
GENERAL INFORMATION	N						
Name (last, first, middle initial)		Social Security	No. (Optional)				
Street Address		City, State, Zip	Lity, State, Zip				
Home Phone No.	Work Phone No. Message Phone No.						
Trome i none i to	OTHER TROPIE INC.			ineseage i nene ne.			
Can you prove that you are author	ized to work in the United State	es? Proof of Authori	zation will be requ	ired upon hire.			
Do you have any relatives currently lf yes, name:							
TRAINING AND EDUCAT	TION						
CIRCLE HIGHEST GRADE COMPLET		9 10	11	12 GED			
Colleges/other training	Major/subject		Degree/certificate	es			
ADDITIONAL SKILLS Des	scribe skills relevant to the j	ob for which you are	e applying.				
SKILL	TYPE OF EXPERIENCE		LEVEL	OF EXPERTISE			
Office equipment, computers, software (typing speed, programs, etc.)							
Technical skills							
Professional licenses							
Heavy equipment, machinery							
Other							
Can you perform the essential fund	•			es r No			
BACKGROUND INFORM	ATION Each case is co areas.	onsidered separately	y based on job du	ities and performance			
Do you have a valid Washington S				er State			
If position applied for involves drivi	•	•	·-	for any traffic violations			
in the past three (3) years?	r Yes r No	If yes please ex	plain:				
Have you been convicted of a felor If yes, please explain: (Conviction			ears? r Yes	r No			
How/where did you hear	about the position fo	r which you are	applying? (Check one)			
Friend or relativeNewspaper ad Which?Other. Please specify	City e	mployee ebsite		AWC JobNet City job hotline			

EMPLOYMENT HISTORY							
Beginning with your present or of self-employment & U.S. Mil accepted as a substitute for con	itary Service	ce. Attach separate sheets					
Employer			Employed from:			To:	
Address:			Supervisor				
Phone Hours worked/week			Starting salary				
Position			Last salary				
Primary duties							
Number of employees May we contact this ensupervised by you		May we contact this emplo	-		Supervisor's phone		
Reason for leaving							
Employer			Employed from: To:				
Address:			Supervisor				
Phone			Starting salary				
Position				Last	salary		
Primary duties							
Number of employees supervised by you		May we contact this employer			Supervisor's phone		
Reason for leaving							
Employer			Employed from: To:				
Address:			Supervisor				
Phone Hours worked/week		Starting salary					
Position			Last salary				
Primary duties							
Number of employees May we contact this employees supervised by you		May we contact this emplo	oyer Supervisor's phone				
Reason for leaving							
Employer			Employed from: To:			То:	
Address:			Supervisor				
Phone	Hours worked/week			Starting salary			
Position			Last salary				
Primary duties							
Number of employees May we contact this employees							
supervised by you		phone					
Reason for leaving	DENCE	C Please list helow	, any neon	le in	addition to supervise	ore listed above	
PROFESSIONAL REFERENCES Please list below any people in addition to supervisors listed above who can responsibly evaluate your work performance.							
Name	Place of employment/title				Phone	Phone	
<u> </u>							

It is understood and agreed that the foregoing is true to the best of my knowledge, and that my falsification of this application will be grounds for elimination from further consideration or, if employed by the City of Burien, for dismissal. I authorize the City of Burien to solicit information regarding my character, general reputation, criminal record, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I release all parties and persons connected with any such request for information from all claims, liabilities, and damages that may arise out of the furnishing of such information. If employed, I release the City of Burien from any liability for future references it may provide regarding my work history at the firm.

I understand that employment with the Employer is "at-will", which means that either the City or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Employer, other than the City Manager, has any authority to alter the foregoing.

Applicant's signature	Date